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Attention:	Group Art Unit: 1745	From:	Travis Dodd
Fax:	571-273-8300	Fax:	818-833-2065
Phone:		Phone:	818-833-2014
Company:	U.S. Patent and Trademark Office	Company:	Quallion LLC
		Pages:	Total of (12) Pages
Re:	Application Serial No.: 10/811,434 Title: FEEDTHROUGH ASSEMBLY AND METHOD Filed: March 25, 2004 Examiner: KALAFUT, Stephen Group Art Unit: 1745 Attorney Docket No.: Q180-US1	Date:	September 24, 2007

Urgent For Review Please Comment Please Reply Please Recycle

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Amendment Transmittal Letter (2 page)
Fee Transmittal (in duplicate) (2 pages)
Amendment and Request for Reconsideration (7 pages)

Lisa K. Robbins
(Name of Person Signing Certificate)

(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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PAGE 1/12 * RCVD AT 9/24/2007 5:10:50 PM [Eastern Daylight Time] * SVR:USPTO-EXRF-5/19 * DNIS:2738300 * CSID:8188332065 * DURATION (mm:ss):02:10

SEP 24 2007

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/811,434
		Filing Date	March 25, 2004
		First Named Inventor	Ota, Naoki et al.
		Group Art Unit	1745
		Examiner Name	KALAFUT, Stephen
Total Number of Pages in This Submission		Attorney Docket Number	
		Q180-US1	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i>	After Allowance Communication to Group
	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
	Licensing-related Papers	Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
	Petition to Convert to a Provisional Application	Proprietary Information
	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
	Terminal Disclaimer	Other Enclosure(s) <i>(please identify below):</i>
	Request for Refund	
	CD, Number of CD(s) _____	
	Remarks	

Customer Number or Bar Code Label	31815 <i>(Insert Customer No. or Attach bar code label here)</i>
<p>The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.</p> <p>Respectfully submitted,</p> <p style="text-align: right;">By: </p> <p>Travis Dodd Attorneys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127</p>	

CERTIFICATE OF MAILING		
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____</p>		
Typed or printed name	TRAVIS DODD	
Signature		Date

SEP 24 2007

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/811,434
		Filing Date	March 25, 2004
		First Named Inventor	Ota, Naoki et al.
		Group Art Unit	1745
		Examiner Name	KALAFUT, Stephen
Total Number of Pages in This Submission		Attorney Docket Number	
		Q180-US1	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i>	After Allowance Communication to Group
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	Request for Refund	
	CD, Number of CD(s) _____	
	Remarks	

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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

By:


 Travis Dodd
 Attorney for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

Dated: 9/24/2007

Phone: (818) 833-2003
Fax: (818) 833-2065**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
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Typed or printed name	TRAVIS DODD	
Signature	Date	

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FEE TRANSMITTAL

Attorney Docket No.	QJ 80-US1
First Named Inventor:	Ota, Naoki et al.
Application Number	10/811,434
Filing Date:	March 25, 2004
Examiner Name:	KALAFUT, Stephen
Group/Art Unit:	1745

TOTAL AMOUNT OF PAYMENT:	\$.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card</p>

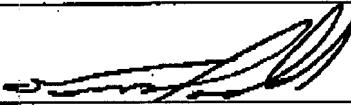
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	22 - 33 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	3 - 6 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$200.00	\$100.00	\$0.00
Reissue filing fee	\$300.00	\$150.00	\$0.00
Provisional filing fee	\$200.00	\$100.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	9/24/2007

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SEP 24 2007

FEE TRANSMITTAL

Attorney Docket No.	Q180-US1
First Named Inventor:	Ota, Naoki et al.
Application Number	10/811,434
Filing Date:	March 25, 2004
Examiner Name:	KALAFUT, Stephen
Group/Art Unit:	1745

TOTAL AMOUNT OF PAYMENT:	\$.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card</p>

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Total of above Calculations =					\$0.00

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Provisional filing fee	\$200.00	\$100.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	9/24/2007

Application No: 10/811,434

Docket No.: Q180-US1

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SEP 24 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

OTA, Naoki et al.

Serial No: 10/811,434

Filed: March 25, 2004

For: FEEDTHROUGH ASSEMBLY AND
METHOD

Art Unit: 1745

Examiner: KALAFUT, Stephen J.

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR RECONSIDERATION

This communication is in response to the Final Office Action mailed on July 24, 2007. Please amend the application as follows: